

STATE OF MONTANA

FOR BOARD USE ONLY

DEPARTMENT OF LABOR AND INDUSTRY

BOARD OF PERSONNEL APPEALS

DATE FILED: _____

UNFAIR LABOR PRACTICE CHARGE

CASE NO: _____

INSTRUCTIONS: SUBMIT ORIGINAL AND THREE COPIES OF THIS CHARGE TO: THE BOARD OF PERSONNEL APPEALS, PO BOX 6518, HELENA MT, 59604-6518. IF MORE SPACES ARE REQUIRED FOR ANY ITEM, ATTACH ADDITIONAL SHEETS AND NUMBER ITEMS ACCORDINGLY. **(PRINT OR TYPE IN BLACK)**

1. NAME OF CHARGING PARTY: (Complainant):

TELEPHONE: _____

2. AFFILIATION OF ANY:

3. ADDRESS OF COMPLAINANT: (Number, Street, City and Zip Code)

4. NAME OF PARTY AGAINST WHOM THE CHARGE IS MADE: (Defendant)

TELEPHONE: _____

5. AFFILIATION: (If any)

6. ADDRESS OF DEFENDANT: (Number, Street, City and Zip Code)

7. DETAILS OF CHARGE: (A clear and concise statement of facts constituting the alleged violations should be made, including the time and place of occurrence of particular acts, **AND A SPECIFIC STATEMENT OF THE PORTION OR PORTIONS OF THE LAW OR RULES ALLEGED TO HAVE BEEN VIOLATED.**) Attach additional sheets if necessary.

8. If the charge alleges a violation of Section 39-31-401(5) MCA, or Section 39-31-402(2) MCA, has the charging party requested the **Board of Personnel Appeals** to provide mediation assistance, pursuant to ARM 24.26.695 of the BOARD'S rules? Yes _____ No _____

STATE OF MONTANA

County of _____

_____, BEING DULY SWORN DEPOSES AND SAYS, that he/she is the charging party above named, or its representative, that he/she has read the above charge (including attached page/s) and is familiar with the contents thereof, and the same are true to the best of his/her knowledge.

(Notorial Seal)

SIGNATURE OF CLAIMANT_____
TITLE

SUBSCRIBED AND SWORN TO BEFORE ME
THIS ____ DAY OF _____, 20____

NOTARY PUBLIC FOR THE STATE OF MONTANA.
RESIDING IN _____, MONTANA
My commission expires _____, 20____